

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(TO BE USED WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/01973.8

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	19					
TOTAL CLAIMS	24					

	* 1st AMENDMENT		* 2nd AMENDMENT		* 3rd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS